

**U.S. Department of Justice
United States Marshals Service**

PROCESS RECEIPT AND RETURN
*See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form*

4

PLAINTIFF
UNITED STATES OF AMERICA

COURT CASE NUMBER

2:07CV1104-mht

DEFENDANT
EIGHTEEN THOUSAND FOUR HUNDRED (\$18,400) DOLLARS IN U.S. CURRENCY

TYPE OF PROCESS
COMPLAINT, WARRANT & NOTICE

SERVE
→
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
ROYCE WILLIAMS

.ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)
867 COUNTY ROAD 227 - CLANTON, ALABAMA 35045

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285	3
John T. Harmon United States Attorney's Office Assistant United States Attorney Post Office Box 197 Montgomery, Alabama 36101-0197	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

ASSET IDENTIFICATION NO. 07-DEA-487737

Signature of Attorney or other Originator requesting service on behalf of : <i>John T. Harmon</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (334) 223-7280	DATE 12/19/07
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk <i>4th - Chavers</i>	Date 11/4/08
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (If not shown above).	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
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Address (complete only if different than shown above)	Date of Service <i>1/10/2008</i>	Time <i>14:18</i>	am <input type="checkbox"/> pm <input checked="" type="checkbox"/>
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Service Fee <i>\$135.00</i>	Total Mileage Charges (including endeavors) <i>\$97.00</i>	Forwarding Fee	Total Charges <i>\$232.00</i>	Advance Deposits	Amount Owed to US Marshal or <i>REURNED AND FILED</i>	Amount or Refund
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REMARKS:

*1st ATTEMPT 1/9/2008. NO BODY HOME, LEFT CARD. 1/10
200 miles for 2 attempts*